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ABSTRACT

The Perceptual Development Center was established in 1967 through ESEA Title III funds to provide diagnostic and remedial services for reading disabled elementary-school students. Concentrating on dyslexic students, the program includes a demonstration center, a diagnostic program, inservice training programs, and community education. Approximately 50 children attend the center on a full-day basis until their achievement allows them to return to the regular classroom. They engage in regular school subjects as well as in special reading instruction related to their individual difficulties. Area teachers attend demonstration lessons and take part in inservice programs conducted by the center staff. The focus of these programs is to familiarize teachers with the center's program and materials and to make them better able to deal with reading difficulties in their classrooms. The staff includes a director, an assistant director, testing and recreation supervisors, teachers and aides, and volunteers. (MS)

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NATIONAL CENTER FOR EDUCATIONAL COMMUNICATION

RE

Model Programs

Childhood Education

Perceptual Development Center Program

Natchez, Mississippi

U. S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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OE-20142

Model Programs

Childhood Education

Perceptual Development Center Program

Natchez, Mississippi

A program offering special methods and materials for children with reading disabilities

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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FOREWORD

This booklet is one of 34 in a series of promising programs on childhood education prepared for the White House Conference on Children, December 1970. The series was written under contract by the American Institutes for Research for the Office of Economic Opportunity, and the Office of Child Development and the Office of Education, U.S. Department of Health, Education, and Welfare.

Within the broad area of childhood education the series includes descriptions of programs on reading and language development, the disadvantaged, preschool education, and special education. In describing a program, each booklet provides details about the purpose; the children reached; specific materials, facilities, and staff involved; and other special features such as community services, parental involvement, and finances. Sources of further information on the programs are also provided.

In many elementary schools the focus in each classroom is on one reading program, one learning style. In Natchez, Mississippi, however, both educators and community members realize that the program which is effective for one child may fail with another.

The Perceptual Development Center program was established in 1967 in response to the need for alternate programs to meet different learning styles. Funded by Elementary and Secondary Education Act Title III funds, the program was aimed at students with reading disabilities in the Natchez-Adams County School System. In particular it sought to determine if specialized instruction for students with the reading disability dyslexia would be economically feasible in the public school program. The Natchez-Adams County educators had a potential method for doing this which they wanted to test. Their plan involved reducing time for remediation through the use of specific material by paraprofessional personnel under close supervision. Test data indicated that the idea was feasible and that the students in the program not only improved in reading skills, but also retained the gain in skills or continued to improve after leaving the program.

When the 3-year program grant expired in 1970, the local school district assumed financial responsibility for the program. Throughout the program's history, and up to the present time, members of the community have provided vital support, particularly in their roles as volunteer workers. The present program is basically the same as the one funded under title III, the goal remaining the same: to return the student to the regular classroom with sufficient independent skills in reading, writing, and spelling to enable him to perform to the fullest of his potential.

CONCENTRATION ON DYSLEXIC STUDENTS

The Perceptual Development Center program has four parts--a demonstration center for teaching children, a diagnostic program, inservice training programs, and community education--all centered on dyslexia and other related reading disorders.

Dyslexia is a disorder more widespread than many people realize. It is estimated that between 10 and 15 percent of any population suffers from dyslexia, a visual-motor perception disability caused by a breakdown somewhere in the central nervous system. In particular, dyslexia results in reading problems and also leads to observable differences in levels of achievement.

Dyslexic children may be average or better students in some subjects, but notably poor in subjects involving reading and writing. The characteristics of dyslexic students include confusion in right-left discrimination, lack of right-left dominance, disorders of attention, hyperactivity, nonspecific motor awkwardness, specific learning disabilities, and disturbances in tonal, temporal, and spatial reproductive functions.

In the classroom, dyslexic students may be characterized as disruptive, immature, slow in finishing work, lazy, poor at organizing work, clumsy, unable to concentrate for very long, and especially poor in reading, writing, and spelling. These students are not mentally retarded, in general; most have IQ's of average level or better. Their disruptive behavior is related to their frustration in a learning situation. Dyslexia exists in various degrees from mild forms which are sometimes unrecognized without testing to severe manifestations which can seriously handicap the individual's educational development.

THE APSL APPROACH

Approximately 50 students in Natchez elementary schools whose test results indicate dyslexia and related disorders are enrolled in a clinic-demonstration center located at Carpenter 2 School

in Natchez. They are provided with full-day instruction and remain at the center until their achievement allows them to return to a regular classroom.

The children are divided into three classes--first and second grades, third and fourth grades, and fifth and sixth grades. Each class has a teacher and one aide and includes daily reading instruction on a structured, one-to-one basis with an adult volunteer. Students also have daily work on auditory discrimination and specific skills of motor coordination. The remainder of their time is spent studying English, mathematics, social studies, and science.

In order to offer special instruction to students with dyslexia and related disorders, the Natchez clinic utilizes the APSL materials. APSL--Alphabetic-Phonetic-Structural-Linguistic Approach to Literacy--was developed by Dr. Charles L. Shedd and his staff at the Reading Research Institutes, Berea College, Berea, Kentucky, and involves a highly structured breakdown of language. It uses a multisensory approach to reading, writing, and spelling; and instruction is on a one-to-one basis. The student learns to recognize the letters of the alphabet, say their

names, write the letters, and produce their sounds. He also "writes" by tracing letters with his finger on sandpaper masonite boards and other rough surfaces. The pace of his instruction depends on his progress; he proceeds to more complex exercises after he has learned the simpler ones. All of his work is done with an adult volunteer who is supervised by the classroom teacher.

Each student at the clinic is carefully evaluated before he can return to a regular classroom. Staff members feel that a student returning to grades one through four should be reading orally at least 1 year above grade level, and at least 2 years above grade level before returning to a grade above four.

This special instruction is relatively inexpensive, estimated at approximately $496 per pupil. Since the average cost per pupil in the Natchez-Adams County School System is about $421, the program adds only about $75 in costs per pupil. The use of unpaid volunteers is an important factor in keeping costs low.

COST

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VOLUNTEER WORKERS

Mrs. H. Lee Jones, Jr., director of the program, says, "Volunteers are the most important part of the program." They are women from the community who spend from 1 to 15 hours per week working regularly with individual children in the program. It doesn't seem to matter, Mrs. Jones reports, if the child works with a different volunteer each day because the same system is used by all volunteers. They make no educational decisions, their work is highly structured and tightly supervised, and they know exactly what to do. Volunteers are trained in a 6-hour workshop, and workshops are held periodically. A complete manual of instructions is the volunteer's guide for each session with a student. For example, these are the volunteer's instructions for introducing a new sound:

- Give the student the sound of the letter.
- Have him repeat the sound.
- Have him trace the letter in the manual; you say the letter orally several times.
- Have him write the sound on sandpaper; you say the sound as he writes it.

- Have him write the sound on paper; make sure he follows the flow of the letter and has the proper release stroke.
- He must know the name of the letter and the sound of the letter and the letter's relative place in the alphabet.

At the end of the tutoring session, the volunteer completes a report on the student's progress for that lesson, noting significant behavior and the point at which instruction ended. With this information the next volunteer knows just where to begin, and the teacher can check the progress of her students at any time.

The volunteers maintain a formal, distant relationship with the students. Mrs. Jones describes the volunteers as "pleasant, firm, supportive, but strictly business." The volunteer is told that she is there for only one reason: to help the student learn to read. Volunteers are urged to praise their students, but it is felt that the best reinforcement is success.

Since the program began, over 400 volunteers have helped the children learn to read. Some of the volunteers are parents of students. Before a child is accepted, his mother must agree either to contribute 2 hours of time each week as a volunteer or

to find someone to do this. Although this fills only part of the need for volunteers, it helps--and it makes the parents more aware of their children's reading problems and of the school's program for handling them.

DIAGNOSTIC PROGRAM

Many parents refer their children to the staff for testing and consideration for enrollment in the clinic; referrals are also made by teachers. During the 1967 and 1968 school years, 2,858 children were referred and tested. A child's reading disability is determined by a special battery of tests including an intelligence test, an oral reading test, the Berea-Gestalt Test, the Goodenough-Harris Draw-A-Person Test, and a handwriting test. Cutoff scores must be established, since only about one-third of the eligible students can be accepted at the clinic. The test results are given to the teachers so that even though a child may not be able to enroll in the clinic his teacher can offer him special help.

INSERVICE TRAINING

The Perceptual Development Center program provides for year-round observation by visiting teachers at the clinic and for

special workshops and inservice training courses each summer. Classes are held at the clinic during the summer, thus making it possible for students to receive additional instruction and teachers to observe and participate in the program. During the years 1967 through 1969, more than 600 teachers were reached by the summer workshops and courses; 100 teachers were given an intensive 4-week course in the use of APSL materials. Twenty-five teachers were trained to administer and evaluate a battery of tests used for identifying children with dyslexia.

The inservice training and classes at the clinic have been highly successful, their effect spreading into the community. Schools in the Natchez area have begun to provide specific remediation for children with dyslexia and related disorders. Selected students are given APSL materials and specific instruction for an hour a day as a substitute for the regular reading program in their classes. The other students follow the regular reading program. This hour-a-day program is the responsibility of the individual school system; no Federal funds have been used for this program. The teachers receive their training in the use of APSL materials during the summer training courses, and they are supervised by staff members from the

Perceptual Development Center program. The student-instructor ratio varies from one class to another, but volunteers are utilized whenever possible.

THE TEACHER HAS A CENTRAL ROLE

The role of the teacher who uses APSL methods and materials varies, but it is always an important one. At the clinic the teacher supervises all volunteers and children, observing each child and volunteer at least once during their daily session. She follows the progress of all students and intervenes when necessary. She also teaches all of the other subjects. In the hour-a-day classes, the teacher also supervises any available volunteer workers, but in most of the cases it is she who has to do the instruction.

STAFF

In addition to teachers, personnel in the program include a director and assistant director, a supervisor and assistant for testing, a recreation director, teacher aides, and volunteers. Teacher aides must have at least 2 years of college; there is no educational requirement for volunteers except that they be able to read and to help children learn to read. Volunteers are

recruited and placed by a half-time staff member who is also in charge of public relations for the program.

COMMUNITY INVOLVEMENT

Community members, as well as program personnel, are a part of the program. Numerous efforts are made to acquaint the public with the program and the problem of dyslexia. Staff members frequently give speeches to local church, civic, and social groups and use such other means of communication as radio, TV, newspapers, and journals. Parent meetings are held to explain the program and its importance as an alternate method of learning to read. In all community education efforts, the program is shown as a preventative of even greater problems as the child grows older and greater educational demands are made of him.

THE PROGRAM WORKS

The success of the educational effort is indicated by the numerous requests for information received by the program and the fact that many parents want to enroll their children in the program. The local school district taking over financial responsibility is also significant.

Evaluation data indicate that the program does improve the reading skills of the students and, more important, the improvements are lasting. Students who attend the clinic for 20 months make an average improvement of 2.8 years in oral reading ability; those who attend 11 months, 1.7 years; those who attend 9 months 1.6 years. These gains are twice those achieved by dyslexic students in the regular reading program. Testing 1 and 2 years after instruction indicates that the improvement in reading remains or even increases.

For the hour-a-day students, who have less severe reading disabilities, evaluation shows that those in the program for 17 months gain 3.6 years in reading ability; those who participate for 11 months gain 2.4 years, and those who stay only 9 months gain 1.7 years.

The students' behavior also improves. The children no longer feel that they are failures or that they must be disruptive to gain attention. Their success in learning to read seems to provide a basis for improved self-concepts. Most of all, the program

enables students to learn to read. Left in a regular classroom, some of these students would be poor readers at best; many would remain nonreaders.

For further details about the Center contact

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FOR FURTHER INFORMATION

For information about APSL and the model for the Perceptual Development Center Program, contact

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Berea College
Berea, Kentucky 40403

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MODEL PROGRAMS--Childhood Education

This is one in a series of 34 descriptive booklets on childhood education programs prepared for the White House Conference on Children, December 1970. Following is a list of the programs and their locations:

The Day Nursery Assn. of Cleveland, Ohio
Neighborhood House Child Care Services, Seattle, Wash.
Behavior Analysis Model of a Follow Through Program, Oraibi, Ariz.
Cross-Cultural Family Center, San Francisco, Calif.
NRO Migrant Child Development Center, Pasco, Wash.
Bilingual Early Childhood Program, San Antonio, Tex.
Santa Monica Children's Centers, Calif.
Exemplary Center for Reading Instruction, Salt Lake City, Utah
Dubnoff School for Educational Therapy, North Hollywood, Calif.
Demonstration Nursery Center for Infants and Toddlers, Greensboro, N.C.
Responsive Environment Model of a Follow Through Program, Goldsboro, N.C.
Center for Early Development and Education, Little Rock, Ark.
DOVACK, Monticello, Fla.
Perceptual Development Center Program, Natchez, Miss.
Appalachia Preschool Education Program, Charleston, W. Va.
Foster Grandparent Program, Nashville, Tenn.
Hartford Early Childhood Program, Conn.
Philadelphia Teacher Center, Pa.
Cognitively Oriented Curriculum, Ypsilanti, Mich.
Mothers' Training Program, Urbana, Ill.
The Micro-Social Preschool Learning System, Vineland, N.J.
Project PLAN, Parkersburg, W. Va.
Interdependent Learner Model of a Follow Through Program, New York, N.Y.
San Jose Police Youth Protection Unit, Calif.
Model Observation Kindergarten, Amherst, Mass.
Boston Public Schools Learning Laboratories, Mass.
Martin Luther King Family Center, Chicago, Ill.
Behavior Principles Structural Model of a Follow Through Program, Dayton, Ohio
University of Hawaii Preschool Language Curriculum, Honolulu, Hawaii
Springfield Avenue Community School, Newark, N.J.
Corrective Reading Program, Wichita, Kans.
New Schools Exchange, Santa Barbara, Calif.
Tacoma Public Schools Early Childhood Program, Wash.
Community Cooperative Nursery School, Menlo Park, Calif.

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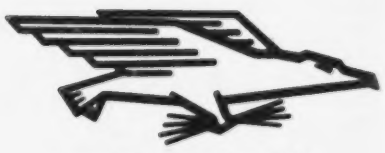

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